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# Management of Prenatal Depression

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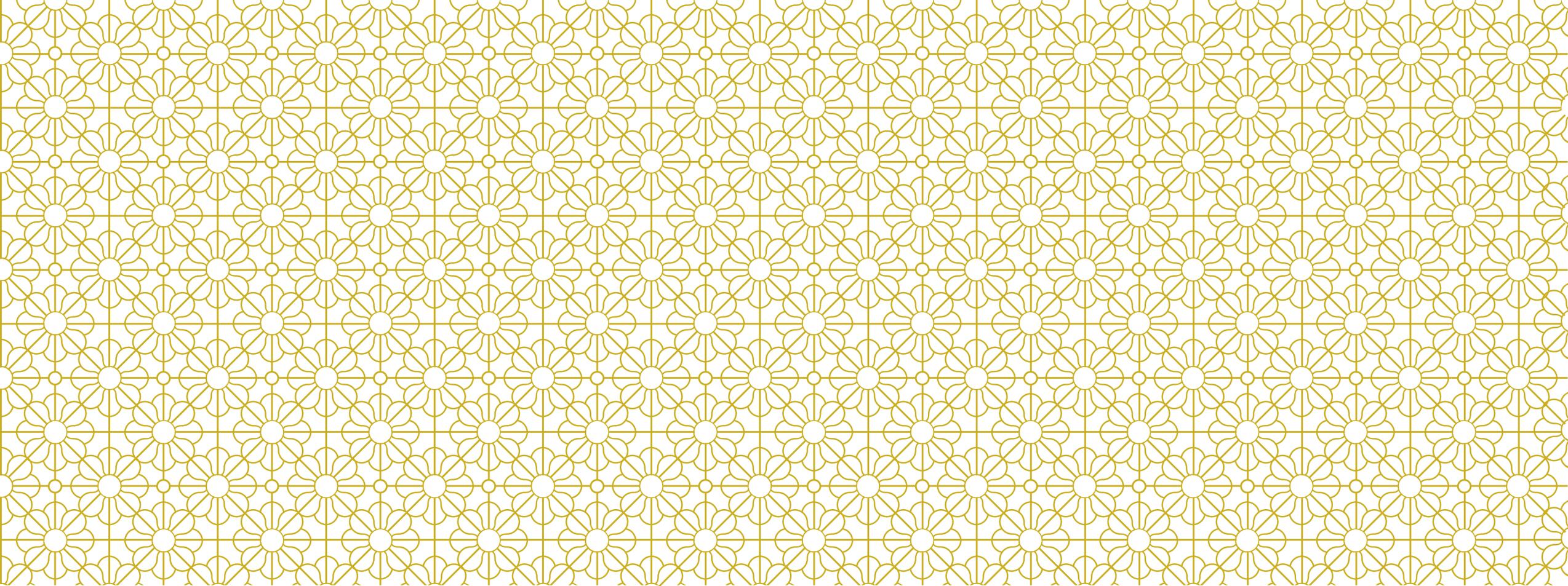
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# **MANAGEMENT OF PRENATAL DEPRESSION**

**Soraiya Thura, Class of 2018**  
Colchester Family Practice  
February-March 2017  
Marga Sproul, MD

# PROBLEM IDENTIFICATION

- Depression affects many women during and after pregnancy
- As many as 14-23% of pregnant women will experience a depressive episode, as high as 1 in 5 women
  - This makes depression the most common medical complication of pregnancy
- Perinatal depression often goes unrecognized and is undertreated
  - One study showed that less than 20% of women diagnosed with postpartum depression had shared their symptoms with a healthcare provider
  - Reasons for under treatment include gaps in screening, barriers to women wanting to talk about symptoms with a provider, and lack of information about safe options for treatment

# PUBLIC HEALTH COSTS/CONSIDERATIONS

- The Vermont Department of Health's Nurse Family Partnership program found that more than 50% of women screened were at risk for perinatal mood and anxiety disorders in 3<sup>rd</sup> trimester
- The total health cost of major depression in the US was found to be \$210.5 billion in 2010
- Pregnant women with untreated depression are at higher risk for costly birth complications, such as preterm birth
  - The costs of preterm birth have been totaled to \$26 billion a year

# COMMUNITY PERSPECTIVE

- **Anya Koutras, MD-Colchester Family Practice:**

“Maternal postpartum depression is one of the least reported types of depression, probably out of shame or other socialized factors. Screening and treating mothers for maternal depression early on, benefits both moms and babies.

Adoptive parents experience depression just as much as biological parents. We must remember to screen them for depression like all parents at well child visits. I think it's important to let parents know that you are screening them for depression because it is common and it is your clinical responsibility to screen all parents, not because you think something is wrong with them.

Even depressed parents can be good parents. And all parents appreciate validation and praise from their child's provider. We should remember when screening and interviewing parents that we should never forget to let them know all the things they are doing right as a parent. No one ever suffered from too little acknowledgement but the opposite is certainly true.”

- **Sandra Wood, APRN, CNM-Midwife and Clinical Instructor UVMHC:**

“A huge issue among pregnant women experiencing depressive symptoms, is feeling shame in admitting that they are feeling bad in the prenatal period. There is a pressure by societal notions that have to feel happy, overjoyed....and it takes a lot of effort for women to admit that they are not enjoying pregnancy or having a hard time.

The key is in helping providers screen, but you need to know what you will do with an eventual positive diagnosis. For example, it's important to have a list of therapists, a handout with crisis line numbers, and have places to refer them to for more resources.

As providers we must educate ourselves about perinatal mood and anxiety, the incidence (the fact that it's way more common than we realize), and the things that work. We should know that certain types of psychotherapy are more effective for different patients, whether it be CBT for patients with a history of anxiety or interpersonal therapy for others. SSRIs can be very effective, and most of the data is reassuring. It's important to build a support network, know what consultation services are available, and what tools you have to help your patient.”

# METHODOLOGY AND INTERVENTION

- Discussed broad issue of maternal mental health and depression screening with providers at Colchester Family Practice
- Assessed knowledge base, current counseling and screening, and need for better understanding of therapeutic options
- Developed a presentation for providers at Colchester Family Practice for their monthly meeting about prenatal depression
  - Provided tips on screening, treatment, and resources in the community for patients
  - Handed out a developed APAACOG treatment algorithm
  - Discussed ways to continue improvement in this area over time

# RESPONSE

- Qualitatively recorded response
- Well received especially in light of current need for increased mental health services in Vermont
- Some providers noted that the proposed screening tool was not one they currently used for prenatal depression (Edinburgh Postnatal Depression Scale), and were interested in doing so
- Felt that the information presented was helpful in terms of reviewing the most up-to-date evidence about effects of antidepressant medication during pregnancy
- Very interested in learning about resources available for pregnant women suffering from depression, locally and nationally, and asked for extended list of resources
- Desire to integrate this information with findings from studies by providers at the practice who assessed paternal depression, and ways to further incorporate screening tools into the medical record

# EFFECTIVENESS AND LIMITATIONS

## Effectiveness

- Short-term measure of effectiveness: improved by frequency of screen and documented follow-up
  - Better comfort level of providers with managing prenatal depression as measured by increased therapeutic option use and referral to community resources (increase consultation service use)

## Limitations

- As a provider level intervention: does not directly address issue of patient barriers of not sharing symptoms with provider
- Requires that providers stay up-to-date and fully learned on medical management and psychotherapeutic options
- Does not address the current mental health service shortage in VT/Greater Burlington

# IDEAS FOR FUTURE PROJECT/INTERVENTIONS

- Patient-level survey of patients diagnosed with history of postpartum depression about experiences with mental health and resources during past pregnancies
- Developing a workshop for providers about depression in pregnancy, recent research on treatments, and Vermont resources
- Survey to providers before and after interventions about comfort level managing mood disorders in pregnancy
- Community-level interventions: developing materials for new expectant mothers to address barriers to discussing mental health concerns with provider

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**If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.**

**Name: \_\_\_\_\_**